DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No. 01057

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original, first and joint inventor (if plural inventors are named below at 201-204) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Elastomer Composites**, **Elastomer Blends and Methods** the specification of which is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Section 1.56(a), Title 37 of the Code of Federal Regulations; and as to applications for patents or inventors certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

- _ no such applications have been filed, or
- such applications have been filed as follows:

Country	Application No.	Date of Filing (day,month,yr)	Date of Issue	Priority 35 USC	Claimed Under	r
				Yes	NO	

Power of Attorney

I hereby appoint, the practitioners listed below to prosecute this application and to transact all related business in the United States Patent and Trademark Office and to prosecute all corresponding foreign patent applications and to transact all related business in the respective foreign patent offices.

Peter D. McDermott (29,411) John P. Iwanicki (34,628) Martha Ann Finnegan (31,453) Michele Lando (33,941)

SEND CORRESPONDENCE TO:

Martha Ann Finnegan Chief Intellectual Property Counsel Cabot Corporation Billerica Technical Center 157 Concord Road Billerica, MA 01821-7001

DIRECT TELEPHONE CALLS TO:

Martha Ann Finnegan Telephone (978) 670-6198 Facsimile (978) 670-8027

201	FULL NAME OF INVENTOR	Family Name	First Given Name	Second Given Name		
		Wang	Meng-Jiao			
	RESIDENCE & CITIZENSHIP	City	Country of Citizensh	nip		
		Lexington	United States			
	POST OFFICE ADDRESS	Post Office Address	City	State, Zip Code, Country		
	ADDRESS	45 North Hancock Street	Lexington	MA, 02420, USA		
3 -	FULL NAME OF INVENTOR	Family Name	First Given Name	Second Given Name		
11	Or my Envious	Wang	Ting			
RESIDENCE & CITIZENSHIP		City	Country of Citizenship			
	CITIZENOITH	Billerica	China			
	POST OFFICE ADDRESS	Post Office Address	City	State, Zip Code, Country		
		4 Shepherds Lane	Billerica	MA, 01862, USA		
203	FULL NAME OF INVENTOR	Family Name	First Given Name	Second Given Name		
		McConnell	Glendon	A.		
	RESIDENCE & CITIZENSHIP	City	Country of Citizensl	hip		
		Billerica	N/A	N/A		
	POST OFFICE ADDRESS	Post Office Address	City	State, Zip Code, Country		
		10 Karen Circle #29	Billerica	MA, 01821, USA		
204	FULL NAME OF INVENTOR	Family Name	First Given Name	Second Given Name		
		Reznek	Steven	R.		
	RESIDENCE & CITIZENSHIP	City	Country of Citizens	hip		
	CITIZELIOIIII	Concord	USA			

	Τ,
MATE .	Í
T.	125
il.	
1	
1	-
Similar Similar	i,
:2	
::	
1000	-3
	f
4	=
1	
領 海 香港	1

POST OFFICE ADDRESS	Post Office Address 781 Strawberry Hill	City Concord	State, Zip Code, Country MA, 01742, USA
	Road		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE
SIGNATURE OF INVENTOR 202	DATE
SIGNATURE OF INVENTOR 203	DATE
SIGNATURE OF INVENTOR 204	DATE

Declaration and Power of Attorney - Original Application (03259.00017)